

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street)

9900 Bren Road East



(Check if address is changed)

Minnetonka

MN

55343

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

andrew_g_tapling@uhc.com / manuela_s_boehm@uhc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-383-6412

2. DATE

M M
03/ D D
06/ Y Y Y Y
2008

3. FEC IDENTIFICATION NUMBER

C C00274431

4. IS THIS STATEMENT
- ☐
- NEW (N) OR
- ☒
- AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen

Date

M M
03/ D D
06/ Y Y Y Y
2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Sierra Health Services Political Action Committee

Mailing Address

P.O. Box 15645

Las Vegas

NV

89114

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Andrew Tapling**

Mailing Address **9900 Bren Road East**

Minnetonka **MN** **55343** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Book Keeper Telephone number **952** - **936** - **7140**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Eric Rangen**

Mailing Address **9900 Bren Road East**

Minnetonka **MN** **55343** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **952** - **936** - **5778**

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

- Name of Bank, Depository, etc.

Mailing Address _____

 _____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Fiserv Health Inc. Political Action Committee

Mailing Address

5500 Wayata Blvd

Suite 500

Minneapolis

MN

55416

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY A

STATE ZIP CODE **A**

Telephone number
